

## ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS    | ID NO. | DATE    |
|---------------------------|-------------|--------|---------|
| FEE DETERMINATION         |             |        |         |
| O.I.P.E. CLASSIFIER       |             | 6      | 6-29-01 |
| FORMALITY REVIEW          |             |        |         |
| RESPONSE FORMALITY REVIEW | (Signature) |        | 6-28-01 |

BEST AVAILABLE COPY

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted 0 ..... Objected

| Claim          | Date   |
|----------------|--------|
| Final Original | 02 M 9 |
| 1              | ✓      |
| 2              | ✓      |
| 3              | ✓      |
| 4              | ✓      |
| 5              | ✓      |
| 6              | ✓      |
| 7              | ✓      |
| 8              | ✓      |
| 9              | ✓      |
| 10             | ✓      |
| 11             | ✓      |
| 12             | ✓      |
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| Claim          | Date |
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| Claim          | Date |
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| Final Original |      |
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If more than 150 claims or 10 actions  
staple additional sheet here

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